

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Roselani Place Assisted Living Facility	<b>CHAPTER 90</b>
<b>Address:</b> 88 South Papa Avenue, Kahului, Hawaii 969732	<b>Inspection Date:</b> July 18 & 19, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

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OFFICE OF HEALTH CARE ASSURANCE

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p><b><u>FINDINGS</u></b> Employee #4 has a documented tuberculosis symptom screen signed by physician; however, no proof of positive PPD conversion and negative CXR.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Employee #4 obtained documentation of proof of positive PPD conversion, completed on 12/10/2004, and negative CXR, completed on 04/25/2007. (see attached)</p>	<p>08/13/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p><b><u>FINDINGS</u></b> Employee #4 has a documented tuberculosis symptom screen signed by physician; however, no proof of positive PPD conversion and negative CXR.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>We have implemented a New Hire checklist to include,</p> <ul style="list-style-type: none"> <li>- Business Office Manager (BOM) designated to gatekeep the New Hire Process.</li> <li>- Potential employees will not be scheduled for a drug test until proof of two-step TB skin test or positive PPD conversion and negative CXR paperwork received.</li> </ul>	<p>09/16/2019 and ongoing</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p><b><u>FINDINGS</u></b> Employee #6- No evidence of initial two-step tuberculosis (TB) skin test completed prior to date of hire.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Employee #6 began tuberculosis (TB) skin test on 08/13/2019. Tuberculosis (TB) skin test scheduled to be read between 08/15/2019 and 08/16/2019. (see attached)</p> <p>Employee #6 completed tuberculosis (TB) skin test on 09/26/2019. (see attached)</p>	08/16/2019

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<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p><b><u>FINDINGS</u></b> Employee #6- No evidence of initial two-step tuberculosis (TB) skin test completed prior to date of hire.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>we have implemented a New Hire checklist to include...</p> <ul style="list-style-type: none"> <li>- Business Office Manager (BOM) designated to gatekeep this New Hire process.</li> <li>- Potential employees will not be scheduled for a drug test until proof of two step TB skin test or positive PPD conversion and negative CCR paperwork received.</li> </ul>	<p>09/16/2019 and ongoing</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p><b><u>FINDINGS</u></b> Employees #3, #7, #9, and #10 completed cardiopulmonary resuscitation (CPR) certification through an online course and did not complete hands on skill practice. CPR certification not valid.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Employee #3 has completed cardiopulmonary resuscitation (CPR) certification through a complete hands on skill practice. Documentation is current. (see attached)</p> <p>Employee #7 has completed cardiopulmonary resuscitation (CPR) certification through a complete hands on skill practice. Documentation is current. (see attached)</p> <p>Employee #9 has completed cardiopulmonary resuscitation (CPR) certification through a complete hands on skill practice. Documentation is current. (see attached)</p> <p>Employee #10 has completed cardiopulmonary resuscitation (CPR) certification through a complete hands on skill practice. Documentation is current and training was completed on 03/11/2018. Documentation was turned in on 08/09/2019.</p>	<p>08/09/2019</p> <p>08/09/2019</p> <p>06/19/2019</p> <p>08/09/2019</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p><b><u>FINDINGS</u></b> Employees #3, #7, #9, and #10 completed cardiopulmonary resuscitation (CPR) certification through an online course and did not complete hands on skill practice. CPR certification not valid.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Employee cardiopulmonary resuscitation (CPR) certification will be overseen by a Medication Technician (Med-Tech) Designee.</p> <ul style="list-style-type: none"> <li>- schedule <del>cardiopulmonary resuscitation</del> with employee CPR certification due dates have been been created. Med-Tech to monitor CPR due schedule.</li> <li>- Quarterly CPR certification classes will be scheduled by Company.</li> <li>- Employees with due and upcoming due CPR certification will attend Company scheduled class or attend a CPR certification course with hands-on training.</li> <li>- Any employee that has not completed a CPR certification with hands-on training by end of month that certification is due, employee will receive a corrective action and suspended until completion of class and certification received.</li> </ul>	<p>09/20/2019 and ongoing</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (d) The facility shall have written policies and procedures which incorporate the assisted living principles of individuality, independence, dignity, privacy, choice, and home-like environment.</p> <p><b><u>FINDINGS</u></b> <i>Incident reporting policies and procedures indicated to complete an incident report for each resident for any bruises, identifiable or not and for falls, both injury and no injury.</i></p> <p>Resident #3- Nursing progress notes indicated that resident was found on floor on 6/15/19. However, no incident report generated.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>19 AUG 19 2:16</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (d) The facility shall have written policies and procedures which incorporate the assisted living principles of individuality, independence, dignity, privacy, choice, and home-like environment.</p> <p><b><u>FINDINGS</u></b>  <i>Incident reporting policies and procedures indicated to complete an incident report for each resident for any bruises, identifiable or not and for falls, both injury and no injury.</i></p> <p>Resident #3- Nursing progress notes indicated that resident was found on floor on 6/15/19. However, no incident report generated.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>New Incident report procedure has been implemented.</p> <ul style="list-style-type: none"> <li>- Nurses to include incident report / MD notification acknowledgement on nursing progress notes.</li> <li>- Copy of incident report to be filed in Incident Report Binder located in Med Room.</li> <li>- Nurse on duty responsible to inform to next shift regarding any resident falls/ bruises during shift report.</li> <li>- Nurse/Med Tech from next shift to oversee to ensure incident report was generated.</li> <li>- Director of Health Services (DOHC) is responsible to maintain Nursing Incident Report Binder and monitor compliance.</li> </ul>	09/25/2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (d) The facility shall have written policies and procedures which incorporate the assisted living principles of individuality, independence, dignity, privacy, choice, and home-like environment.</p> <p><b>FINDINGS</b> <i>Incident reporting policies and procedures indicated to complete an incident report for each resident for any bruises, identifiable or not and for falls, both injury and no injury.</i></p> <p>Resident #4- Nursing progress notes indicated the following incidents, but no incident report generated.</p> <ul style="list-style-type: none"> <li>• Resident was found on floor on 12/16/18</li> <li>• Documented unwitnessed fall on 5/1/19</li> <li>• Found on floor and sustained abrasion to lower back on 7/6/19</li> <li>• Discoloration reported on left hip on 1/10/19 and the discoloration persisted on 1/16/19</li> </ul>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>19 AUG 19 PM 4:05</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-90-6 <u>General policies, practices, and administration.</u> (d) The facility shall have written policies and procedures which incorporate the assisted living principles of individuality, independence, dignity, privacy, choice, and home-like environment.</p> <p><b><u>FINDINGS</u></b>  <i>Incident reporting policies and procedures indicated to complete an incident report for each resident for any bruises, identifiable or not and for falls, both injury and no injury.</i></p> <p>Resident #4- Nursing progress notes indicated the following incidents, but no incident report generated.</p> <ul style="list-style-type: none"> <li>• Resident was found on floor on 12/16/18</li> <li>• Documented unwitnessed fall on 5/1/19</li> <li>• Found on floor and sustained abrasion to lower back on 7/6/19</li> <li>• Discoloration reported on left hip on 1/10/19 and the discoloration persisted on 1/16/19</li> </ul>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>New Incident Report procedure implemented.</p> <ul style="list-style-type: none"> <li>- Nurses to include incident report/MD notification acknowledgement on nursing progress notes.</li> <li>- Copy of incident report to be filed in Incident Report Binder located in Med Room.</li> <li>- Nurse on duty responsible to inform to next shift regarding any resident falls/bruises during shift report.</li> <li>- Nurse/Med Tech from next shift to oversee to ensure incident report was generated.</li> <li>- Director of Health Services (Dolts) is responsible to maintain Nursing Incident Report Binder and monitor compliance.</li> </ul>	<p>09/25/2019 and ongoing</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (d) The facility shall have written policies and procedures which incorporate the assisted living principles of individuality, independence, dignity, privacy, choice, and home-like environment.</p> <p><b><u>FINDINGS</u></b> <i>Fall risk assessment policies and procedure, item #1 indicated to notify MD for any resident fall.</i></p> <p>Review of incident report records show that MD is not being notified unless an injury is noted.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Revised Incident Report to include doctor will be notified for any resident fall.</i></p>	<p>08/14/2019</p> <p>19 AUG 19 04:16</p>

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<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (d) The facility shall have written policies and procedures which incorporate the assisted living principles of individuality, independence, dignity, privacy, choice, and home-like environment.</p> <p><b><u>FINDINGS</u></b> <i>Fall risk assessment policies and procedure, item #1 indicated to notify MD for any resident fall.</i></p> <p>Review of incident report records show that MD is not being notified unless an injury is noted.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>New Incident Report procedure implemented.</p> <ul style="list-style-type: none"> <li>- Nurses to include incident report / MD notification acknowledgement on nursing progress notes.</li> <li>- Copy of incident report to be filed in Incident Report Binder located in Med Room.</li> <li>- Nurse on duty responsible to inform next shift regarding any resident falls/bruises during shift report.</li> <li>- Nurse / Med Tech from next shift to oversee to ensure incident report was generated.</li> <li>- Director of Health Services (DHS) is responsible to maintain Nursing Incident Report Binder and monitor compliance.</li> </ul>	<p>04/25/2019 and ongoing</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education.</u> (2) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Ongoing inservice training on a regularly scheduled basis (minimum of six hours annually).</p> <p><b><u>FINDINGS</u></b> Employees #1, #2, #3, and #5- No evidence of six (6) hours of inservice training completed during 2018.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Employees #1, #2, #3, and #5 received a Corrective Action regarding non compliance with mandated in-service training. Employees will have until 09/01/2019 to complete six (6) hours of in-service training.</p>	<p>Ongoing</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education.</u> (2) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Ongoing inservice training on a regularly scheduled basis (minimum of six hours annually).</p> <p><u>FINDINGS</u> Employees #1, #2, #3, and #5- No evidence of six (6) hours of inservice training completed during 2018.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Department Managers/supervisors will be notified by HR of in-service courses due by staff on a monthly basis. Failure for employee to comply may result in a Corrective Action, up to and including suspension and/or termination.</p>	<p>Ongoing</p> <p>19 JUN 19 06:17</p> <p>REC'D</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education</u>. (2) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Ongoing inservice training on a regularly scheduled basis (minimum of six hours annually).</p> <p><b>FINDINGS</b> Employee #7 completed only 2.27 hours of inservice training for 2018; short of 3.25 hours to complete the required six (6) hours of inservice training.</p>	<p>PART 1</p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Employee #7 received a Corrective Action regarding non-compliance with mandated in-service training. Employee will have until 04/01/2019 to complete 3.25 hours of in-service training.</p>	<p>Ongoing</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education</u>. (2) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Ongoing inservice training on a regularly scheduled basis (minimum of six hours annually).</p> <p><b>FINDINGS</b> Employee #7 completed only 2.27 hours of inservice training for 2018; short of 3.25 hours to complete the required six (6) hours of inservice training.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Department Manager / Supervisors will be notified by HR of In-service courses due by staff on a monthly basis. Failure of employee to comply may result in a Corrective Action, up to and including suspension and/or termination.</p>	<p>Ongoing</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education</u>. (2) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Ongoing inservice training on a regularly scheduled basis (minimum of six hours annually).</p> <p><b><u>FINDINGS</u></b> Employee #8 completed only 0.75 hours of inservice training for 2018; short of 5.25 hours to complete the required six (6) hours of inservice training.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Employee #8 received a Corrective Action regarding non-compliance with mandated in-service training. Employee will have until 09/01/2019 to complete 5.25 hours of in-service training.</p>	<p>ongoing</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education.</u> (2) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Ongoing inservice training on a regularly scheduled basis (minimum of six hours annually).</p> <p><b><u>FINDINGS</u></b> Employee #8 completed only 0.75 hours of inservice training for 2018; short of 5.25 hours to complete the required six (6) hours of inservice training.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Department Managers / Supervisors will be notified by HR of in-service courses due by staff on a monthly basis. Failure of employee to comply may result in a Corrective Action, up to and including suspension and/or termination.</p>	<p>ongoing</p> <p>19 AUG 19 2017</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services</u>. (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p><b><u>FINDINGS</u></b> During a visit in the medication room, nursing staff verified that resident is on medication management. However, March 2018 service plan indicated that resident is independent with medication. Service plan was not reviewed and/or updated.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Director of Health Services updated service plan. Awaiting approval from POA.</p>	<p>08/14/2019 and ongoing</p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p><b>FINDINGS</b> During a visit in the medication room, nursing staff verified that resident is on medication management. However, March 2018 service plan indicated that resident is independent with medication. Service plan was not reviewed and/or updated.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Nurses will receive in-service to properly notify Director of Health Services of any status change in residents that result in a change of services. Director of Health Services will re-assess resident and update service plan to reflect current services needed by resident.</p>	<p>Ongoing</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><b><u>FINDINGS</u></b> Resident #1- No evidence of current annual TB clearance.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Current annual TB clearance document received on 07/19/2019. TB clearance completed at Dialysis on 01/08/2019. (see attached)</p>	<p>07/19/2019</p>

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<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Resident #2- No evidence of initial two-step tuberculosis (TB) skin test completed prior to admission.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Documentation of first step of two-step tuberculosis (TB) skin test completed on 04/26/2019. Received documentation on 07/19/2019. (see attached)</p>	<p>one 07/19/2019</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Resident #2- No evidence of initial two-step tuberculosis (TB) skin test completed prior to admission.</p>	<p>PART 2</p> <p>FUTURE PLAN</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>No resident will be admitted until a two-step tuberculin (TB) skin test is completed and documentation provided prior to admission.</p>	<p>ongoing</p> <p>19 MAY 19 PM 4:18</p>

Licensee's/Administrator's Signature:

Steve Hansen

Print Name:

STEVE HANSEN

Date:

8.15.2019

Licensee's/Administrator's Signature:

Steve Hansen

Print Name:

Steve Hansen

Date:

09/26/2019

STATE OF IDAHO  
SALT LAKE COUNTY

19 AUG 19 P4:18